

10/15/50 100

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	✓			1		51						
2	1		1				52						
3		2			1		53						
4		1			1		54						
5	1				1		55						
6		1			1		56						
7		51			1		57						
8		1			1		58						
9	1				1		59						
10		1			1		60						
11		2			1		61						
12	1		1				62						
13		1			1		63						
14		2			1		64						
15	1		1				65						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6										
TOTAL DEP.			9										
TOTAL CLAIMS			15										